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FRANK S. PARSONS, M. D., EDITOR,

367 ADAMS ST., DORCHESTER, BOSTON, MASS.

JOSEPH R. CLAUSEN, M. D., MANAGER,

. . . . . PHILADELPHIA, PA.

. . . . . With the collaboration of . . . . . .

W. H. PANCOAST, M. D. T. H. MANLEY, M. D. E. W. BING, M. D.
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HENRY BURCHARD, M. D., D. D. S.

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Original.

CLINICAL NOTES ON A RECENT SERIES OF SURGICAL CASES.

BY THOMAS H. MANLEY, M. D., NEW YORK.

The successful practice of surgery is not altogether unlike the cultivation of a garden; the yield will in all probability depend not so much on the richness and fertility of the soil or a favorable season, as on the knowledge, the experience, and the industry of the husbandman.

Though much in isolated instances may depend on chance and fortuitous circumstances, our chief reliance, in the end, must rest on the firm ground-work of matured knowledge and extended effort. The cases here submitted have all come under my care and observation since the first of this year, and are selected because they belong to a class which commonly come before us, and of which, it may be said, that now, after more than several years experience in dealing with a very considerable number of them, the writer is enabled to report successes and results altogether in advance of what would have been possible at an earlier period, for time and observations have convinced me that even moderate success in the treatment of complicated surgical cases is utterly impossible without abundant opportunities for practice, together with a familiarity with the latest and the best work of our contemporaries in our own and foreign countries.

The cases selected for presentation here are of a traumatic and pathological order, regional and general.

Read at the Eleventh Annual Meeting of the Fifth District Meeting of the New York State Medical Association, held in Brooklyn, May 28, 1895.

CRANIAL LESIONS—FRACTURES OF THE SKULL—TRAUMA.

Since the first of March (1895) there have come under my care ten cases of fractures of the skull, four basilar, occupying the most vital, the cerebral and cerebellae regions; and six cases of fracture of the vault, the non-vital. The patients ranged in age from nine to fifty-six; there were nine males and one female, three were fatal and seven recovered. It may be said that this class of fracture is yearly becoming more common in New York. The immediate dangers attendant on cranial fracture arise in consequence of shock, hemorrhage and inflammation.

The features of special interest in connection with the cases here enumerated are first, those with reference to basilar fracture, involving one or more of the cranial fossae. We had quite unequivocal symptoms of this lesion; as a free discharge of serosanguinolent fluid, from one or both ears, with a free extravasate, into the subconjunctional tissues.

Traumatic depression of the bone substance of the skull is not attended with such definite symptoms of sensory or motor disturbances as we would be led to expect since the doctrine of cerebral localization has been promulgated. The most constant evidences of local injury to the cerebral substances of the brain, with such aphasic symptoms as pointed to local compression, were where there were distinct marks of inward displacement of fractured bone over the fissure of Rolando or the middle parietal convolutions.

My general line of practice, in cases of fracture through any area of the cranial vault, attended with a moderate indentation of bone but no cerebral symptoms, is to not inter-

fere, with a view of elevation or displacement. This line is especially adhered to when the seat displacement is over any of the large sinuses.

Cocaine as an Analgesic.—In the operative technique for elevating shattered and displaced fragments, of late, we have substituted pulmonary anesthetics altogether, by employing local, cocaine analgesia. This change has been most advantageous to the operator in lessening hemorrhage by the well-known hemostatic action of the medicament and obviating the necessity of so many trained assistants as would be otherwise rendered necessary.

The difference of the effects consequent on the utilization of this line of treatment is vastly in our patient's favor, as by it there is no such engorgement of the cerebral vessels as we always observe under ether, or no cerebral excitation at a period when it is obvious that violent commotion of the cerebral centres must be harmful to our patient, and persistent vomiting after operation is entirely prevented.

Debridement instead of the Trephine—Except, in rare instances, the trephine has been entirely displaced by me for the osteotome in elevating and removing depressed bone fragments, in skull injuries. By its cautious employment there is much less danger of damage to the dura-mater, the brain substance, or the cranial sinuses; and less bone may be sacrificed. For simplicity, safety and readiness of employment it is a great improvement on the trephine in this class of cases.

Asepsis and Refrigorants as Prophylactics—Experience has long since taught me that except for the scalp tissues all chemical solutions should be rigorously eschewed in skull fractures involving an operation. My early experience soon convinced me that any description of antiseptics when applied to the nude elements of bone anywhere, and the dura-mater and cerebral tissue in particular, are full of danger to the vitality of the protoplasmic elements and may be promptly followed by grave inflammatory changes.

Now nothing in my service is ever employed for flushing or cleansing in cranio-cephalic operations except sterilized water.

The ice-cap or ice cloths are immediately applied on the whole exposed walls of the skull and continued until reaction is fully established.

It is my conviction that moist cold over a traumatized surface is a potent prophylactic against consecutive inflammation, cellulitis or meningitis in all skull injuries, and should be always employed until about the third day, when it may be discontinued.

Mercury in Meningitis—Mercury is an agent of unrivaled excellence, judiciously administered, in inflammatory conditions of the fibro-serous membranes. On the meninges it acts with especial energy; therefore, why, in those cases of cranial trauma, a purgative dose of calomel is given early and repeated later should symptoms of meningeal trouble threaten; the dose of the drug being so apportioned as to promptly secure its full therapeutic effect, without its possible lethal action.

FRACTURES OF THE LIMBS.

Fractures of the extremities we are almost never without in the Harlem Hospital service. In my own private hospital notes on this interesting and current type of truama there are more than two thousand cases enumerated, though more than four thousand cases have come under my notice in the past twelve years.

Since March 1st this year, we have had entered of fractures of the extremities ninety-one cases, seventy-six simple and fifteen compound. In the deluge of surgical literature spread before the medical profession, since the doctrine of antiseptics was established, it is singular to note that except in the treatment of the compound variety little has been presented on fractures of the extremities; in fact, this study has been allowed to lapse. There is, however, no class of surgical injuries of greater interest than those fractures which involve the structures on which we depend for locomotion and

prehension. Their correct treatment will reward us with a fair degree of restoration of contour and function; while, when managed on wrong principles, diminished power and motion are quite certain to follow.

The number here includes fracture of the clavicle, arm, forearm, leg, femur and bones of the hand and foot.

Muscular Relaxation rather than Forced Extension—The guiding principles which we observe in all fractures are, first to secure muscular relaxation and osseous reposition, without employing violence. Forced extension or counter-extension in certain fractures are not wanting in theoretic support; but in fracture a considerable experience, with careful observations, have convinced me that continued tension on a limb rather provokes muscular rigidity than effects relaxation. Besides, the co-existing pressure on the main blood-trunk and tendency to sloughs in enforced confinement to bed are among the drawbacks of steadily maintained tension. The rule of physics will not apply to fractured bones, otherwise such a thing as deformity after their treatment would be impossible, except in the event of great loss of bone.

Muscular relaxation and support to the mangled tissues favors the falling of the fragments into their natural position. There they will remain and restoration of contour will be the rule, in many bones, but with the clavicle and humerus incessant respiratory movement, and in the femur the demands of nature and the necessity of frequently shifting the body are disturbing influences which nothing can entirely overcome, and hence some sort of support is necessary.

Support of the Fragments rather than Fixation with Gypsum—When plaster of Paris mould was first introduced it was at once seized on as the ideal material for fracture adjustment. It does serve a useful purpose when employed in appropriate cases; but everything is buried under it, and its removal is always attended with a jarring of the limb. For a long time it has been my custom to employ it, never as a primary dressing, though after the provisional callus is formed it answers a useful purpose.

In the treatment of compound fractures our first endeavor is to securely replace the fragments and close the wound—make the fracture a simple one.

In the compound comminuted, with immediate, partial or complete asphyxia, or destruction of the tissues, our aim is to first suppress all hemorrhage by closing separately the large bleeding vessels, thoroughly cleansing and dressing the wound and placing the parts under covering in a comfortable position.

FRACTURES OF THE SKULL. (10)

No. 10. | Vault 6. 3 compound. 3 single.
| Base 4. All simple.
Average age 32 yrs. | Vault 1 | Succumbed 5
Survived | Base 2 | " 2
Of this number 3 were railroad injuries.
" " " 9 were males and 1 female.
Fracture of the Nasal Bones.
One compound fracture. Female. 36 years.

CLAVICLE (8 fractures)

Outer Third 7 5 male, 2 female, average age, 19.
Middle Third 1 All simple

RIBS.

5th rib (1) 6th rib (1) 8th rib (1) | All simple.
9th rid (2) 7th rib (2) 10th rib (2) |

HUMERUS. (13)

Surgical Neck (1) Simple.
Middle Third (6) 1 Compound.
Lower Third (2) 1 Compound
Extern. Condyle (1) Simple.
Internal Condyle (3) Simple.

RADIUS. (18)

Middle Third (2) 1 Compound.
Colles' Fracture (16) Simple. 6 female. 7 male.

ULNA. (2)

Middle Third (2) Simple.

METACARPAL BONES. (1)

Metacarpal bone of index finger.

PHALANGES OF HAND (6)

2d phalanx. Index and middle finger.
1st and 2d phalanges. Thumb.
1st and 2d phalanges. | Index and middle fingers. Compound fractures.
All phalanges of right hand. Compound.
2d phalange. Ring finger. Simple. No amputation.
3d phalange. Little finger. Traumatic amputation.

FEMUR. (6)

Intracapsular (3) | Simple.
Middle Third (2) |
Supracondyloid (1) Compound. Railroad.

TIBIA. (10)

Middle Third (7) 5 Compound.
Lower Third (3) 1 Traumatic amputation.

TIBULA. (15)

Middle Third (7) 2 compound. Simple.
Palb's fracture (8) All simple.

PATELLA. (1)

Nasal Bones (1) Compound.

TARSAL BONES. (1)

1 railroad case in which all the bones of the foot were ground into pulp.

METATARSAL BONES. (3)

3d metatarsal.
1st and 2d metatarsal.
All metatarsal bones. Compound. (Railroad).

PHALANGES (OF FOOT).

1st and 2d phalanges of 1st and 2d toes.	Comp.
1st and 2d phalanges of 4th and 5th toes.	
Little toe. Traumatic amputation.	

PRIMARY AMPUTATIONS.

Primary amputation after disorganization of a limb in civil life is always questionable procedure, though when a limb has been practically traumatically amputated we may at once, with the scissors, divide the frayed integument or tendons. There have been lately eight amputations in my service for traumatism and pathological conditions. After reaction when the line of demarkation is formed in traumatic cases we run little risk of a sloughing flap.

Such a case now is under my care. The young man had his foot crushed off at the ankle joint by a railroad accident. Four days later after the line dividing the healthy from the dead tissue appeared, sufficient of the parts under the healthy skin were cut away, to allow the healthy integument to fall in over the ends of the bones and cover them without strain.

CERVICAL TUMORS.

Ten cases of serious submaxillary cervical tumors have come under my care within the past three months.

One was a case of sarcoma of large size, in an old man of 64; was refused operation. It was not apparently deeply lodged, though as there were rapidly developing new growths in the hard-palate, pharynx and spheno-palatine fossa, it was decided that an operation was not warranted.

One tumor of large size was a lipoma. This sprang from the loose suboccipital tissues and advanced forward and downward to dip under the posterior border of the sterno-mastoid muscle.

Importance of Accurate Diagnosis —One man on whom we operated had a voluminous growth, which occupied the whole quadrangle of the neck on right side, advancing up under the lower jaw and downward behind the left clavicle, to and through the apex of the pleural cavity. He had been operated on four months previously; the growth appearing consecutively, rapidly enlarging, and now so far encroaching forward under the deep cervical fascia as to encroach on the tracheal rings and threaten suffocation.

At the institution in which he was first treated operation was refused, as the growth was declared malignant. The mass was hard, unyielding and painful, with deep attachments. On a careful and thorough examination of his case it was my conclusion that the mass was wholly tubercular, and that while its removal would demand a very formidable operation, it was clearly within the range of operative surgery to turn it out safely. It was presumed that in the first operation the superficial absorbents were removed and that the regrowth consisted in a hyperplasia with central degeneration of the deep chains, which lie in deep contract with structures vital to life.

Hemorrhages in Operations on Voluminous Cervical Tumors for their Removal—The most formidable danger in the complete ablation of cervical neoplasms comes from hemorrhage, and there is nothing that so severely tries our courage and skill than the contact of it in this class of cases. Celerity and coolness must be combined when an arterial spring is opened, or the operative field is suddenly flooded by the vascular torrent. In infiltrating malignant growths of the neck their removal always entails great danger because of a steady oozing which cannot always be wholly staunched before dangerous anemia sets in.

In this case the operation of enucleation was commenced by dividing all the overlying structures in the centre, a vertical incision having extended across the entire mass. Great care was taken to clamp and ligate all the bleeding vessels, as we proceeded. The peripheral decorticature was comparatively simple; but as we penetrated into deep parts difficulties began to appear.

Early in the operation the internal-jugular vein was divided, and both ends ligated. Next, as we proceeded more deeply to turn the growth out, consecutively the cervicalis ascendens, the ascending thyroid, the trans-versaliscoli and occipital arteries were clamped, ligated and divided. Of the nerves the descendi noni phrenic and anterior cervical branches of the cervical-plexus were divided and their ends leased away from the elements of the tumor. The common carotid was adherent by its sheath from the clavicle, up to the point of bifurcation. The sheath with the pulsating vessel was cautiously detached from the under surface of the growth, and now, while endeavoring to enucleate the deep supra-clivicular lymphatics and press forward the subclavian artery, the pleural cavity was opened just below where the subclavian arches upwards. Now the whole mass was lifted out, leaving a large chasm, exposing the bracheal plexus, the large blood-trunks and trachea.

The opened pleura was then closed, the bleeding subsided and the edges of the integument brought together. In this case, although there was an extensive mutilation of tissue, but little blood had been lost. Our patient rallied well from the operation. His recovery was prompt, the line of incision closing by primary union, except at the part left for drainage. But little blood had been lost and no shock followed.

The mass proved to consist of an aggregation of tubercular glands; some simply hypertrophied, others were suppurating and caseous; all bound together by a dense inelastic matting of fibro connective tissue. Although the thyroid submaxillary and sublingual glands were freely exposed, no trace of infiltration was visible.

Of the seven other cases two were malignant, two were acute suppurative inflammation of the lymphatics; the remaining three, evidently two, were tubercular, but not suppurating. These are being treated by palliative measures.

(To be Continued.)

A PLEA FOR EFFICIENT LEGISLATION REGULATING MEDICAL PRACTICE.

BY PERRY H. MILLARD, M. D., OF ST. PAUL.

During the last decade no question in medical sociology has attracted greater attention than medical education. The requirements of our colleges not being upon a par with those of other countries, nor with other departments of education in this country, it was but natural that the profession as a whole, the medical press, and organized bodies of medical men, should join in a demand for needed reforms. During the formative period of our history it is but natural that abuses should have arisen in methods of education and obtain a firm rooting. A spirit of criticism exists that will not subside pending the definite determination of a question of such vital interest to the profession of the country.

As a nation during the first century of our history we have established a system of common school education that challenges the admiration of the civilized world. It is a subject of regret, however, that in certain advanced lines of education our methods have proven most defective. This is true of medical education; a system having secured foothold with us that is indeed anomalous.

Having no support other than the fees of students; without university or college connection; without support from the State, generally accorded other systems of education; without restraining legislative enactments; without laws regulating the granting of charters for purposes of medical instruction; it is indeed little wonder that at the end of the first century of our history as a nation, chaos should reign supreme.

The agitation of the question of medical education is bearing fruit however, in that a majority of the schools situated in the Northern States demand at the present time

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evidence of preliminary fitness before matriculation, and that in a period of five years all colleges known to the writer have extended the period of time of study, with a change of the minimum length of term from five to six months. After the present year every medical school of recognized standing will require attendance upon four courses of lectures in different years, of six months' duration each course, before conferring the degree of M. D. The reforms thus far accomplished have only been secured in the face of determined opposition at the hands of the representatives of the low grade institutions. Future opposition will result in disaster to the participants. Professional sentiment is decidedly with those schools now operating under the advanced curricula. This is particularly manifested by the increased number of matriculates in the last three years at schools operating under the four years' course. The fiscal matriculation at the University of Pennsylvania and Columbia is, approximately, eight hundred, Harvard five hundred, and others in proportion; while that of the recognized low-grade institutions have sensibly fallen off.

Notwithstanding the trend of public opinion, we are firmly of the conviction that our only safety consists in the establishment of efficient legislative acts in substantially every State. The high-grade schools are undergoing a period of evolution and are determined to inaugurate greater system in methods of work; with low-grade schools little evidence is at our command pointing to improvement.

The elevation of the standard of requirements in the latter class of schools has seemingly been entirely in response to the requirements of the respective State Boards of Medical Examiners.

The indifference of the profession to methods of medical education has been far reaching in its pernicious influences. Blinded by our own shortcomings we did not awaken to a realization of our environment until our interests were greatly jeopardized. We found ourselves drifting, in the estimation of both the public and profession, towards a condition of professional inefficiency, not unlike that of French medicine in the seventeenth century, so graphically described by Moliere. One of the greatest evils of our system was the flooding of our ranks with a horde of poorly-educated practitioners far in excess of our legitimate demands. The latter assertion is convincingly illustrated by the statistics gleaned from the recent excellent paper of Professor Pepper on Medical Education, affording comparative statistics relating to the proportion of practitioners to the population in different countries of the globe.

TABLE INDICATING PROPORTION OF PHYSICIANS TO THE POPULATION.

Austro-Hungarian Empire	1 to 3857
Belgium	1 to 2841
France	1 to 2666
German Empire	1 to 3038
Italy	1 to 3536
Netherlands	1 to 2484
Norway	1 to 3961
Russia	1 to 8551
Spain	1 to 3375
United States	1 to 500

The number of medical colleges indicates a similar disproportion.

NUMBER OF MEDICAL COLLEGES TO THE POPULATION.

Austro-Hungarian Empire	1 to	5,153,917
Belgium	1 to	1,534,111
Brazil	1 to	7,001,167
Canada	1 to	3,336,877
Chile	1 to	2,887,552
France	1 to	5,477,591
German Empire	1 to	2,471,923
Great Britain	1 to	2,358,767
Italy	1 to	1,445,109
Netherlands	1 to	660,249
Norway	1 to	1,988,771
Sweden	1 to	1,600,917
Russia	1 to	14,403,317
Spain	1 to	1,950,027
United States	1 to	440,151

It will be observed from the above that the proportion of practitioners and the number of schools are greatly in excess of other countries. Medical colleges in foreign countries are likewise independent financially, being, as a rule, directly supported by the state or possessing a direct university connection.

An investigation of this subject reveals beyond the possibility of suc-

cessful controversion that the most efficient profession is found in those countries protected by efficient legislation; while a correspondingly low standard of professional fitness exists in countries not similarly protected.

At one time considerable opposition existed to the regulation of medical practice by legislative enactments. With the defeat of attempts to destroy the effects of this form of legislation by litigation and the moral support afforded by the recent decision of the Supreme Court of the United States and the Supreme Courts of the several States, as well as the apparent benefits from the successful operations of the law in a large number of States, it is pleasing to note a decided change of sentiment in favor of this form of legislation .

The existing opposition to this form of legislation is greatly disappearing, being greatly confined at present to the charlatan, the faculties of a few of our low grade schools and the public press. We can trace the existence of statutes regulating medical practice from the thirteenth century; in the year 1237 licenses were only obtainable in Italy upon attendance at medical lectures for a period of five years, with preliminary entrance requirements demanding three years' work in philosophy.

The first degrees in medicine were evidently conferred in Italy in 1384. Laws regulating medical practice have existed in all civilized countries for many centuries. It is unfortunate that in this country the diploma has been given a legal interpretation; in foreign countries it is simply an evidence of scientific value. With the advent of statutes regulating medical practice this custom upon the part of the courts is becoming abrogated. We cannot but conclude that in the older countries we have a superior profession in point of intelligence, with a more desirable environment; while with us we have, as a whole, men somewhat inferior in their preliminary training, a number triple that of any other country and a professional environment most undesirable.

The essentials of efficient medical legislation will incorporate the following features:

(1) The adoption of more rigid rules governing the admission of students to medical schools.

(2) The determination of the applicant's fitness to practice by an examination upon all the branches of medicine.

(3) The right to refuse to revoke licenses for unprofessional or dishonorable conduct.

(4) An adequate penalty for violation of the provisions of this variety of legislation.

(5) The boards of examiners to be appointed by the Governor, with proportionate representation by different schools of practice. In support of demands for an adequate entrance requirement it is conceded that medicine is now more nearly practiced from a scientific basis than at any time in its history. Without adequate preliminary fitness the broad field cannot be grasped nor its practice intrusted to persons without well-trained minds.

Persons contemplating medicine as an avocation should give the scientific branches particular attention in preparation. A thorough course in the scientific department of our better equipped colleges or universities will permit of the successful accomplishment of the course now provided in the four years' curricula in a period of three years. I fully concur in the position taken by Professor Vaughan, however, in that the classical course does not prepare the student in a manner that he can safely abridge the work now required in the four years' curricula. The necessity of a thorough college training is more apparent now than at any previous time. While an immediate attempt, looking to the demand as above suggested, would probably meet with defeat, I am of opinion, however, that by concert of action we can secure the adoption at this time of an elevation of the standard of fitness, requiring a college or university matriculation, or its equivalent, of all students wishing to commence the study of medcine. If the student cannot furnish a matriculation ticket from a recognized college

or university, he or she should be required to undergo an examination that would admit to such course.

Under existing relations we cannot safely entrust this examination to the representatives of the teaching body. Except in a few of our high-grade schools the entrance examination has been a farce as at present conducted. The factors leading to this condition are the same as outlined earlier in this paper. It is the result of college competition with an unnecessary multiplication, in recent years, of the number of teaching bodies. It is my judgment, based upon a somewhat varied and extended experience, that a majority of the schools in this country exist to serve the personal interests of the respective faculties rather than to serve the legitimate demands of the people. About 25 per cent. of our schools have a matriculation of less than 60 pupils.

The determination of the fitness of the student to commence the study of medicine should be placed in the hands of a body of men entirely disinterested. I know of no body better qualified to superintend the execution of this important trust than a State board of medical examiners. If not such a body, then a committee composed of members of a faculty of a college or university.

The minimum of entrance requirements should be uniform between the different States. Under the operations of the New York law regulating the examination of students commencing the study of medicine much good is being accomplished. I desire to urge upon the profession the necessity of provisions in future acts looking to a rigid protection of the gateway to the study of medicine.

Having submitted satisfactory evidence of preliminary fitness, only such persons should be admitted to undergo the professional test as have received their courses of professional education at schools of medicine whose curricula of requirements are acceptable to the respective boards. A minimum of requirements, both as to time and teaching facilities, are as essential in measuring professional fitness as it is for similar purposes in universities, colleges and our public school system. A school should not be recognized unless it is working under a minimum that will assure the graduation of a class of persons that can safely be entrusted with the care of the sick. In arriving at a conclusion upon this most important function I desire to particularly impress upon the members of these boards the fact that medicine as at present understood and practiced is radically different from that of a few years ago. To comprehend requires years of study and a training in laboratory methods and surgical technique that can only be grasped when afforded by a person trained in methods of medical pedagogy. The clinical and laboratory facilities of many of our schools are shamefully inadequate. Several colleges known to the writer having operated for years with substantially no assets. It is the duty of each board to inquire fully into the facilities of each school represented by graduates who are applicants for degrees.

Having determined upon the fitness of the school to afford satisfactory courses of medical instruction, applicants holding degrees from such institutions should be admitted and a further test of fitness demanded by requiring an examination upon all the recognized branches of medicine. These examinations should be conducted by number, be scientific and of sufficient severity to assure the public a thoroughly educated profession. Students from the respective schools of practice should undergo an examination upon the same questions, no necessity existing for questions not primary in character.

Licenses should not be refused or revoked for other than gross unprofessional or dishonorable conduct. In criminal cases it is not well to anticipate the processes of criminal law. The latter feature of our legislation has been instrumental in protecting the people from the professional charlatan in several States. Its provisions should be incorporated in all statutes regulating medical practice.

(To be Continued.)

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EDITORIAL STAFF.

W. H. PANCOAST, M. D., Philadelphia, Pa.
T. H. MANLEY, M. D., New York, N. Y.
E. W. BING, M. D., Chester, Pa.
S. H. MONELL, M. D., New York, N. Y.
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E. B. SANGREE, A. M., M. D., Philadelphia, Pa.
HENRY BURCHARD, M. D., D. D. S., Philadelphia, Pa.
J. A. KRUG, M. D., Philadelphia, Pa.

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ELECTRICITY AS A DEATH-DEALING AGENT.

The recent electrocutions in New York State have awakened renewed interest in the question whether real death is produced by the shock of the pathologist's knife, and the New York Medical Journal takes up the subject in the following editorial:

The account which elsewhere in this issue we reprint from last Saturday's Sun of the resuscitation of a man who had been rendered unconscious and apparently lifeless by a shock from an electro dynamo, and remained in a state of apparent death for close on to an hour, whatever allowance may have to be made for exaggeration, is calculated to give rise to reflection. In the first place, it makes us hope that the victims of lightning-stroke may in a fair proportion of instances be brought back to life if timely and well-executed measures are brought into play, especially artificial movements of respiration and rhythmical tractions on the tongue. M. d'Arsonval has, if we are not mistaken, laid great stress on the possibility of such efforts being successful and on the duty of resorting to them, and it seems that his teaching has made such an impression even on men outside the medical profession as to lead the officers of the electrical company in Rochester, on whose premises the resuscitation referred to is reported to have occurred, to have their workmen drilled in the manipulations recommended by him. If only an occasional life is saved by following M. d'Arsonval's precepts the result will be a decided gain to humanity, but if success is achieved in a few cases modifications of the procedures or greater precision in carrying them out will doubtless soon raise the proportion of successful instances to the maximum attainable.

Another thought that will inevitably rise up before physicians is not so gratifying; it is that of the heightened probability given by the occurrence to the theory that men who are supposed to be put to death by electricity, under judicial sentence, in the State of New York, are simply shocked into a condition of suspended animation that slowly ends in real death, even if the shocking event does not sometimes occur of their final taking off being accomplished by the autopsy that is so promptly performed. It is a revolting thought, but it is one that our humanity dare not shirk. It seems to us that the alleged advantages of electrical execution will have to be reconsidered most seriously. This journal has never admitted their reality, and now more than ever we feel it our duty to call upon the law-making power to use all diligence to ascertain if it has not made a horrid mistake while acting under the false light of supposed progress. If the death penalty must be inflicted, by all means let it be done by the executioner in the course of his duty, and not left to be done unwittingly by the pathologist. We make no statement that it ever has been done by him, but we see not how to escape the doubt lest it may have been, or lest it may be again if the practice of making over-prompt dissec-

tions of executed criminals is kept up. The whole matter of the manner of conducting executions in the State of New York ought, in our opinion, to be most carefully systematized by a body of men possessed of the necessary knowledge and clothed with sufficient authority.

DECREASE OF TUBERCULOSIS IN PRUSSIA.

Tuberculosis has been the subject of early and more vigorous efforts to check its transmission in Prussia than elsewhere, as is natural, considering that Dr. Koch is a Berlin professor. The result is that while from 1875 to 1887, before his discovery, the deaths from tubercle or consumption were 31 in 10,000, since 1887 there has been a gradual decrease to 25 in 10,000. Elsewhere this decrease has not taken place. Prussian prisons and insane asylums show a reduction in their death rate from tuberculosis since careful precautions were adopted. The death rate from this cause among religious nursing orders was in 1881-2 114 per 10,000. In 1893-4 it had dropped to 67, almost half. Facts like these show the absolute necessity of careful precautions for destroying the sputa of consumptive patients. Rigorous care in this direction would greatly decrease a disease to which a large proportion of deaths are due.

THE TREATMENT OF BURNS WITH THIOL.

In the May number of La Clinique there is an article on this subject in which the writer says that according to A. Bilder, of Berlin, thiol is one of the best applications in the treatment of burns of all degrees. Bilder first washes the burned part with a weak solution of corrosive sublimate and then removes the cuticle hanging loose as the remnants of ruptured blisters, taking care not to touch those of which the walls are still intact. After dusting the burn with powdered boric acid, the entire surface of the burned region and the healthy skin around it are painted with a solution of equal parts of thiol and water; finally, a layer of greased cotton is laid on the burn and kept in place with a bandage. Thiol allays the pain very rapidly and arrests the hyperemia of the skin. Part of the contents of the blisters is absorbed and the rest becomes dry in the form of semi-transparent, amber-colored crusts which are easily detached, leaving a completely healthy skin. At the end of eight days the dressing is removed. The rapidity of the cure varies according to the degree of the burn. In burns of the first and second degrees it is generally rapid. In those of the third degree the cicatrices which are formed under the dressing of thiol are smooth and show no tendency to retraction.

A RECOVERY FROM A TREMENDOUS ELECTRICAL SHOCK.

On June 21 the foreman of the Rochester gas and electricity was accidentally exposed for some seconds to an electric current said to have been of a strength of 2899 volts. Life was apparently destroyed by the shock, but efforts at resuscitation were at once commenced, and after 45 minutes' employment of artificial respiration and other measures the first sign of life was noticed. Then natural breathing began and in half an hour more he opened his eyes and recognized those about him. His body was considerably burned, but otherwise the patient is now said to be quite well.

CAUSES OF SUDDEN DEATH.

The causes of sudden death as given by Tidy are as follows:

1. Disease of the heart (especially fatty and brown degeneration), aortic regurgitation, interstitial abscess, rupture of the heart or of its valves, diseases of the pericardium.

2. Diseases of the blood-vessels (especially aneurism and thrombosis), large effusions of blood into the brain or its membranes (cerebral and meningeal apoplexy).

4. Pulmonary apoplexy and hematothorax.

5. Sudden bursting of visceral abscesses.

6. Ulcers of the stomach, duode-

num or other parts of the alimentary canal.

7. Extra-uterine pregnancy, peri- and retro-uterine hematocele, rupture of the uterus.

8. Rupture of the urinary bladder or of the gall-bladder.

9. Cholera and certain zymotic diseases.

10. Large draughts of cold water taken when heated.

11. Mental emotions.

12. Accidental swallowing of foreign bodies.

Electro-Therapeutics.

IN CHARGE OF
DR. S. H. MONELL, New York.

THERAPEUTIC ACTION OF HIGH FREQUENCY CURRENTS.

Interesting observations upon certain phenomena of high tension, high frequency currents have been made by Tesla, Thompson and others. The therapeutic effects of these currents are equally interesting. Any physician who has a static machine and whose expertness is sufficient to enable him to adopt it to a variety of applications can test the efficacy of high frequency currents without the aid of other apparatus.

The following remarks have been given out by Apostoli and Berlioz. It will be noted that they confined the method of administration to a single general form. Far more comprehensive results are obtainable by a diversity of method in applying any form of electric current than by adhering to a single method. This is equally true of the high frequency form tested by Apostoli and referred to in the present report:

"We have been engaged during the past year in trying upon a number of our patients the action of high frequency alternating currents generated in the human body by induction with a view to arriving at the clinical demonstration of M. d'Arsonval's physiological discoveries in this direction.

"Localized applications of these same currents to dermatology have already been made by Dr. Oudin, but their influence on the system generally, under the most diverse pathlogical conditions, had not been demonstrated at all. With this view we proceeded, empirically applying almose uniformally the same treatment which consisted in inclosing the patient in M. d'Arsonval's large solenoid for a period of 15 to 30 minutes each time and, as far as possible, every day. We took particular care to eliminate all other influences, either of special diet or medicine, subjecting our patients to this treatment only.

From the 20th of January, 1894, to March, 1895, 75 patients (34 private patients and 41 hospital cases) have been treated in this manner, and during the same period 267 examinations of urine have been carefully made by M. Berlioz.

The total number of times that these patients were treated was 2446.

We will now give the results, which have been faithfully recorded, whether positive or negative.

(A)—NEGATIVE RESULTS.

Certain forms of hysteria and of localized neuralgia, such, for instance, as neuralgia of the radial type proved absolutely refractory and derived no benefit from this treatment.

The examination of the urine of these patients, which was made a certain number of times during the course of these applications, showed besides that there had been no appreciable change in the composition of the urine before and after the treatment.

(B)—POSITIVE RESULTS.

The greater number of patients that derived a marked benefit from this treatment were those suffering from nutritive disorders, arthritis, gout, rheumatism, glycosuria, etc.

Nearly all of those showed a marked improvement; but those who derived the greatest benefit were arthritic subjects with articular or neuralgic symptoms. During the first trials, even before any apparent local influence or action on the urinary

secretion was observed, the general health seemed to be beneficially influenced, and we noted from day to day the following general symptomatic improvements, making allowances for the slight differences of each particular case:

Restoration of strength, return of appetite, return of sleep, increased cheerfulness and energy for work, the quieting of certain nervous symptoms, more ease in walking, appearance improved, etc.

Subsequently, local troubles, either painful or involving loss of power, were gradually amended; thus a patient, who had been reduced to almost complete powerlessness by coxofemoral arthitis, regained the use of her legs. Another who had been, through sharp pains, unable to close her hand, completely regained the use of it, etc.

Simultaneously with this symptomatic improvement the examination of the urine showed that the diuresis was becoming more satisfactory and that the organic matter was more easily eliminated. Combustion was increased, as was shown by the diminution in the amount of uric acid, whilst the proportion of urea rose. The ratio between these two substances, which before treatment was very high, decreased gradually until it reached the mean proportion of one-fortieth.

The elimination of the mineral elements was also influenced, but in a less evident manner.

We will also mention, reserving to ourselves the right, however, to complete our first results on other patients of the same class, that, in three diabetic subjects, the quantity of sugar diminished considerably, even to the extent of disappearing altogether after a certain number of trials, without any other treatment. In short, the numerous facts that we have observed during the last year place us now in a position to support by a clinical confirmation M. d'Arsonval's physiological discoveries relating to the action of high frequency alternating currents generated in the tissues by induction.

These currents have a powerful influence on the nutritive faculties, and on this account they constitute a mode of treatment of the highest value in a large number of functional disorders caused by inaction or perversion of the nutritive processes.

Medicine.

IN CHARGE OF
DR. E. W. BING, Chester, Pa.

DIGESTION IN YOUNG CHILDREN.

The commnuication of Huebner on the feeding of young children gives a special interest to the chapter which Ballantyne devotes to his book, to the physiology of the digestive system in children.

He says: "Digestion in the child differs from that of the adult, so that the problem often becomes very difficult. If we were in possession of a complete knowledge of the chemical phenomena taking place in digestion in children we would be in a better position to treat cases of disorder of this function.

Ballantyne studies successively digeston in the mouth, stomach and intestines.

Buccal digestion.—During the first six or seven months the food is hardly at all modified in the mouth, There being no teeth, there is consequently no mastication to speak of, and as the food usually consists of milk the absence of teeth is immaterial.

The salivary secretions are almost absent in the first weeks; until the third month there is little salivary secretion, but from this time the buecal glands are active.

The saliva of the child, like that of the adult, has the peculiar action on starch to an extent. During the first months there is not ptyaline sufficient to transform starch into dextrine and glucose, although the action continues in the stomach.

As the child grows the salivary secretions have an increased action, and after the eruption of the teeth the process is about the same as in the adult.

Stomach digestion.—The capacity

of the stomach is a question of importance. During the first months it increases rapidly and thus more slowly. Frolowsky says the capacity at birth is about one ounce. If this is represented by the figure 1 the capacity will 2 1-2 in the fourth week; 3 1-5 in the eighth week; 3 1-3 in the 12th week; 3 3-5 in the 20th week. Snitzkin says the capacity is in direct ratio of the weight of the child.

Hydrochloric and pepsin.—The former only appears about one-half hour after taking of food. In the absence of it the stomach contains lactic acid and other organic acids. When the child is taking milk alone this acid is furnished in large quantities, and its presence is due probably to a special ferment.

Reichstein has shown that in digestion in adults, a few minutes after taking milk, clots of caseine are found in the stomach with a certain quantity of parapeptones and traces of lactic acid. Starting from this lactic acid increases and then HCL and peptones take its place, digesting the coagula of caseine and parapeptones. When milk is given boiled the process is quickened, and this is also the case in presence of water. This shows the necessity of adding water to the food of infants. The result of these transformations is the production if chyle, which contains an acid liquid, fats and fatty acids not yet transformed.

In children nourished at the breast few bacteria are found, but in those fed artificially germs are numerous.

Hepatic secretion.—The large size of the liver in young children is a proof that it plays an important part in digestion. Its functions are but imperfectly known, however. It is probable that the bile acts in children in much the same way in adults.

The pancreatic secretion contains three ferments—trypson, steapepsin and amylopsine.

Intestinal digestion.—The secretions of the glands of Brunner and Luberkuhn in addition to those of the liver and pancreatic convert the chyine into chyle. Peptones, sugars and fats pass easily into the blood current, probably because the glandular tissue is so abundant. The mineral salts are not well absorbed, as is shown by the fact that the stools contain the greater part of the amount ingested. The nitrogenous elements, on the contrary, are so well absorbed that no traces of them exist in the stools.

Rectal absorption in the child.—No digestive process occurs in the rectum, but the absorption of what has escaped the upper portion of the intestines still goes on. Albumenoids and fats to an extent are absorbed, but of course the proportion as compared with the other parts of the tract is small.

Feces—Defacation is frequent in infants. During the first week three or four stools a day are normal, and at the end of the second year there are usually two stools a day. After this age there is generally but one in the 24 hours; so that to decide whether there is diarrhea or constipation it is requisite to recall to mind the normal number of stools at the given age. The appearance and decomposition of the stools vary also according to age. In the newborn child during the first two or three days the stools consist of the meconium with which the intestines are filled at birth. This is made up of the hepatic, pancreatic and intestinal secretions, and by-substances swallowed by the child, as ammotic liquor, hairs, sebaceous matter. It is always free from putrefaction products, as indol and phenol, and is devoid of bacteria. These, however soon make an appearance after birth, but differ altogether from those bacteria resulting from the digestion of milk, and they disappear as soon as the digestion of milk commences. The stools of children fed on milk exclusively are of a pale yellow color, semi-liquid and of a stale odor. They contain from 84 to 86 per cent. of water. In health they contain neither tyrosine, indol, phenol nor scatol, but they contain bacteria, principally the bacteriun lactis and B coli. If other food than milk is taken other bacteria are present. The bacteriological diagnosis of stools is at present impracticable, owing to the diversity of opinion of different authors.

TREATMENT OF AN ATTACK OF ACUTE GOUT.

External treatment.—Avoid blisters, scarifications, leeches, cold; Tr iodine collodion friction or massage. Use rest with elevation, culmative liniments, cottons. The liniment should contain some one or more of the narcotics.

Internal treatment.—The remedy par excellence is colchicum. If there is gastric disturbances an anticathartic should be given, which in some cases is superseded by the pains. If dysuria is present alkaline water is indicated.—Licorchi.

IRRITATION OF THE BLADDER CAUSED BY THE USE OF LARGE DOSES OF BICARBONATE OF SODA.

A physician took for a month 20 grammes of soda a day and during the next month 25 grammes. At the end of the time he showed intense cystitis. After stopping the use of the drug he was relieved in two days.—La France Med.

In gonorrheal rheumatism Balzer says that salicylate soda and antipyrine are often useless, and it is necessary to fall back on local treatment. Of these the author prefers turpentine baths combined with immobilization, which he had always found to succeed. He mixes the turpentine with soap and adds it to the bath.—Courier Medical.

TREATMENT OF HEMORRHOIDS BY IODOFORMIZED ETHER AND MASSAGE.

Beck has tried this in eight cases. After using an enema he inserts a suppository of morphine and cocaine. He then injects into the connective tissue around the piles some drops of a solution of iodoform in ether. These produce a reaction in the connective tissue, which causes the absorption of the pile. With piles of moderate size cure is quickly obtained without the patient going to bed. In this connection we may recall Manley's procedure, which consists in massage of each pile.

EXTRACTS FROM

German Exchanges

IN CHARGE OF

DR. J. A. KRUG, Philadelphia, Pa.

AUTOSCOPY OF THE LARYNX AND TRACHEA.

Dr. Alfred Kirstein, in Berliner Klimsche Wochenshrift, reports of a new method of examining the larynx without head-mirror, under the above title, as follows: Pharynx and back part of epiglottis is cocainized with a 20 per cent. solution of cocaine. Patient takes off the clothing of the upper part of the body and either lays horizontal on the back with the head hanging over the edge of the table, or he sits upright, with the head bent strongly backwards. In the open mouth, with protruding tongue, the Doctor puts in the autoscope, consisting of a short, thick tube, running out in a half cylinder, which connects with a Kaspar's electroscope at a right angle. The electric contact is closed and the insertion of the instrument follows under light. The electroscope, which serves as handle, he takes in the left hand, so that the free end, which is connected with the light, stands upwards, passes with the leaf-formed end of the half cylinder, with the convex part on the tongue way back into the mouth up to the cartilages of Santorini and make a lever movement, by which the tongue is pressed forward and the epiglottis is pressed up and the view of the contents of the larynx is perfect. Dr. Kirstein is of the opinion that operations on the larynx and vocal cords under this method are much easier of execution than under the old method; the only obstacle in some patients would be the necessity of laying of the clothing on the upper part of the body.

SUBLIMATE INJECTIONS.

G. Lewin (Berl. Klin. Woch., 1895, No. 14) concludes his remarks on this subject. As regards skin eruptions, he knows of no cases in which any serious cutaneous affection has fol-

lowed the injection of soluble or insoluble mercurial preparations. Severe and even fatal skin complications have followed inunction; eczema is very common. In his method of sublimate injections 0.012 g. is injected daily, whereas insoluble preparations are injected every five to ten days. The smaller number of injections is only an illusionary advantage. With inunction patients have been known to rub in more than the prescribed amount with even serious results. With the sublimate injections the treatment may be interrupted, whether such interruption is desirable owing to the supervention of some acute infective illnesses or to other causes. This is not so easily effected with insoluble preparations. If the syphilitic manifestations become threatening, the treatment may be forced and the sublimate injections given even thrice daily, whereas with inunction and the injection of insoluble preparations increased absorption cannot be depended upon. The treatment with insoluble preparations is not shorter, but frequently longer. The author then discusses the subject of relapses and the difficulties attending the estimation of relapses. Among those at present frequenting his clinic, five out of 120 men have had malignant relapses, and of these one had been treated with sublimate injections, three with insoluble preparations, and one with potassium iodide. Among 195 women there were also four such cases, and two had been treated with inunction, one with subcutaneous injections and one had not been treated. The author refers to 15 recorded cases of death after the injection of insoluble preparations. He also gives details of some deaths connected with mercurial inunction, mostly due to colitis. He is of opinion that the injection of insoluble preparations should be abandoned. He knows of no case in which death followed sublimate injections.

NEW GROWTH IN THE HEART.

Pavlowsky (Berl. klin. Woch., May 13, 1895) concludes a study of this subject. The obstruction to the circulation in his case was caused by a pedunculated tumor (myxoma) in the auricle, which hindered the closure of the mitral valve. If the heart was placed in a vertical position, the tumor pressed against the venous openings, and embarrassed the circulation in a more marked degree; hence the patient's objection to the sitting posture. The hemoptysis and hemorrhagic infarcts were the result of the engorged pulmonary circulation. No explanation was found for the periodic attacks of paresis seen during life except general anemia of the brain, and the presence of fluid in the cerebral ventricles and about the base of the brain; there was no embolism or hemorrhage. The author gives an exhaustive account of the literature of the subject. Of 11 cases, including his own, of which details are given, six occurred in men and five in women. The ages of four women varied from 55 to 80, whereas in the fifth it was only 18 years. Of the six men three were between 21 and 27, and three between 42 and 54. The symptoms consist of cough, hemoptysis, dropsy, cyanosis, etc., all due to obstruction of the circulation, but no clinical picture applicable to all cases can be deduced. In six cases also, including the author's, the growth projected through the mitral orifice into the ventricle.

PERMANENT EFFECT OF HYDRASTININ IN METRORRHAGIA.

Kallmorgen (Zeit. f. Geburtsh, u. Gynak., May 29, 1894) remarks that, while no doubt can remain as to the value of hydrastinin in metrorrhagia, reports are hitherto wanting as to the permanency of the results. He kept 86 patients of the Berlin Gynecological Polyclinic under observation during one and three-quarters to two and one-quarter years after treatment with the drug. The best results were obtained in cases of simple menorrhagia and of hemorrhage connected with retro-uterine hematocele, previous abortion, or disease of the appendages. The success was less marked in chronic endometritis, very

doubtful in hemorrhage during pregnancy or due to myoma, and nil in carcinoma.

Miscellany.

THE WORK AND THE PAY.

An able editorial in the New York Medical Record of June 29, under the above title, gives a comparatively correct idea of the reason so many persons are attracted to the medical profession as a life work.

The popularity of medicine as a profession is always emphasized at this season by the number of graduates that make their bow with diplomas in hand before large and appreciative audiences on the numerous commencement occasions of the different medical departments of our universities. In fact, the medical graduates outnumber all the others. That the medical departments are the largest in most of the institutions of learning requires no demonstration. It is not difficult to explain why this is so, for no profession offers in its practical pursuit, or rather its conscientious study, better opportunities for substantial mental culture, greater satisfaction in its work, or a wider independence of opinion in the broad and liberal interpretation of its principles. But while it is the grandest of professions, it is certainly the meanest of trades. If the work is done for the work's sake, there is a continuous and ever-increasing satisfaction in its pursuit. It is this, indeed, that lends fascination to drudgery and contentment to comparative impecuniosity. All cannot be great physicians, but there is no reason why all cannot be good ones. The latter is the only real incentive for the young man who is willing to take the exceptional chance of making a trifle more than a good living. The rewards are not to be measured on any conventional money basis. To such as imagine otherwise there is left nothing but disappointment.

Not long ago we took occasion to study the question of the average income of the physician, and, although prepared in some respect for the answer, we were, nevertheless, surprised at the figure. Notwithstanding the amount compared favorably with that received by the average minister or lawyer, it was much below what might have been expected from the boasted returns of would-be prosperous practitioners. The difficulties in the way were obvious enough, but were in a measure offset by the study of certain known standards of available business with possible and actual returns therefrom. Comparatively few in any city or district rendered themselves liable to the threatened income tax. The average yearly income for the country town was from $1500 to $1800, while that for the city was scarcely above $2000. Allowance was duly made for bad debts, the latter averaging from 30 to 50 per cent. of all gross earnings.

In large cities there were a goodly number with an income ranging from $3000 to $5000, but beyond these figures, in the averages from $5000 to $25,000, there were very few, indeed; while above these amounts there were scarcely enough to count on the fingers of one hand. Although high fees in law are far beyond those in medicine, the average lawyer more than strikes a comparative compensation at the other end of the line. The law of average is as certainly balanced between these two extremes as is any purely mathematical equation. The comfort in such a contemplation is that there are more doctors than lawyers who are doing ordinarily well. In the average way, the physician has the better chance of making a fair living.

It is the ordinary every-day fee in the usual and steady run of regular business that gives the doctor his real dependence, rather than the occasional larger amount for an extraordinary service. Surgical operations, while they command higher rates, are comparatively few and far between, and are always offset by the lavish expenditure of time and work in the hospitals for the necessary experience and requisite repu-

tation for such business. But worse than all, for purposes of income the very means used to obtain skill directly militate against the possibility of remunerative returns in the end. Most of the important operations are done in hospitals for nothing and for the sake of the practice; and even the paying classes take advantage, eagerly and persistently, of the situation. This will be more and more the case so long as our hospitals advertise free medical and surgical treatment and our millionaire clinics gather in the pay patient under the guise of clinical material.

From the standpoint of money-getting the doctor has by no means an easy road to wealth. The only comfort is that he is satisfied with little, and is, therefore, comparatively rich; but best of all his work always carries with it a hearty taste, and its steady progress the fuller fruition of a lofty purpose.

GRIPPE IN THE PUERPERAL CONDITION.

At a recent meeting of the Congres de la Societe Obstetricale de France, a report of which appears in the Progres Medical for May 25, M. Queriel, of Marseilles, reported 35 cases of grippe occurring in puerperal women. In all the cases there had been pulmonary localizations, and in two broncho-pneumonia. No deaths had occurred. Eleven of the women had been confined before term and the others at term. The membranes had been ruptured four times during the efforts made in coughing. One patient, who had undergone symphysiotomy, had been attacked with pneumonia during her lying in; another had had gastric symptoms and her child had had erysipelas. There had not been a single case of suppuration. M. Queirel had used corrosive sublimate for vaginal and uterine injections, but he did not practice the uterine injections unless the temperature rose. Perhaps it was owing to this procedure that no cases of infection had occurred.

M. Gaulard had also had an epidemic of grippe in his clinic at Lille, but, he said, he had taken no particular care in regard to the genital organs; he had simply used antipyrine and in three or four days the patients had recovered. M. Queirel said that he had observed particular syndromes. In certain cases there had seemed to be an outbreak of smallpox; in others, angina, etc., but there had never been anything observed affecting the genital organs.

VARIETY IN DIET.

A number of facts conspire to throw a somewhat new light on questions of dietetics, or at least to show that these problems are more complex than they have been by some supposed. It has been usual to speak of a "mixed diet," meaning thereby one composed in part of animal and in part of vegetable food, one containing proteids, fats and carbohydrates, approximately in such proportion as they are required by the organism; but when we see the effect upon disease produced by very small quantities of certain selected portions of animals commonly used as food, such as thyroid gland, suprarenal gland and bone marrow, the suspicion arises that these are but the more pronounced expressions of a widespread principle, and that such marked differences in therapeutic effect between certain organs may be associated with similar differences in nutritional value between the various portions and kinds of meat which we consume. We may surmise too that the modes of preparation may have a considerable influence, and that while good cooking may be, as it should be, a preparation for and an aid to digestion, certain processes in cooking may do more harm to the nutritional value of our food than is explained by the mere change in its physical properties, the hardness, the toughness, etc., which they produce. The destruction of the anti-scorbutic properties of milk by condensing, overcooking and sterilization, is a case in point, and we commend to the British farmer the interesting question whether and how far the prolonged freezing of meat may interfere with its finer nutritional

value. Healthy men, who have a great reserve of digestive power, can derive nutriment from almost any food, but for people of feebler frame a mixed diet must mean one in which variety of substances exists, of whose nature and of whose differences inter se we as yet know nothing. The healthy man, by taking plenty, finds among it what he wants, but until we know much more than we do of the varied value of different foods and different modes of cooking, we must at least afford variety to our invalids, and protect them from a monotony in diet which may perchance be debarring them from the one thing needful for their nutrition.—British Medical Journal.

ACCOUCHEMENT FORCE.

Dr. J. Henry Carstens, in the American Journal of Obstetrics, March, 1895, calls attention again to a method of accomplishing the emptying of the uterus in abortions, or of producing abortion, that he has employed for years, and described before under the name of "Accouchement Force."

Having determined on the production of an abortion (which, he says, should not be done till after consultation), he proceeds by inducing profound chloroform anesthesia, then dilating the cervix with some strong instrument, as the Erlanger-Goodell dilator, then introducing the finger or fingers through the cervix, removing the contents of the womb and cleaning its cavity of all shreds and debris by the curette, after which an application of pure carbolic acid is made to the interior.

The operation lasts, in his hands, but 15 minutes in many cases, and is universally followed by good results.

After the seventh month this procedure is modified by dilating the cervix first with steel sounds until large enough to admit a rubber bag (Barnes' dilators for instance), which is filled with air and dilatation completed in that manner.

He asserts that the operation is absolutely safe if aseptic and antiseptic precautions are observed; and claims, as arguments in its favor, that the delivery is accomplished quickly, the woman suffers no pain, there is no anxiety and worry for the physician, and that there is no staying up at night, but that the time may be selected with reference to light, convenience, etc.

THE TREATMENT OF CEREBRAL SYPHILIS.

The treatment of cerebral syphilis is never really satisfactory, and one can never be certain whether the administration of specific remedies will be attended with success or not. Bruni has recorded an interesting case, which he considers as one of undoubted cerebral syphilis. The patient, a man aged 25, was seized with right-sided convulsions, recurring one to three times a day; he had become syphilized four years previously. There was no fever and the pulse was regular, and Bruni considered the case to be one of Jacksonian epilepsy dependent on a gumma of the left Rolandic area. At first the patient was treated by intra-muscular injections of mercury, and iodide of potassium was given by the mouth. There was no improvement by the seventh day, and the treatment was therefore changed to daily intravenous injection of a solution of corrosive sublimate. The injection was made 16 times, commencing with three, and increasing steadily up to six milligrammes, after which mercurial inunction was substituted. The injection of corrosive sublimate was made into the left median cephalic vein, and after the second injection the fits ceased and the head pain disappeared. Bruni considers this method of intravenous injection "useful and even necessary" in cases in which other mercurial treatment has failed in severe cerebral syphilis, or where patients cannot stand large doses of mercury.—Med. T. and H. C.

Bromide and strontium is being advocated in the treatment of epilepsy and chorea. There is an absence of acne rash and less tendency to somnolency than with other bromide salts. It should be given in doses of 30 grains two or three times a day.

The exhibition of eserine at the same time is said to increase the beneficial action.

CASTRATION UNDER COCAINE ANESTHESIA.

Bryson (N. Y. Med. Journ., April 27, 1895) reports a case of complete castration for prostatic hypertrophy on a patient aged 74. As the condition of the heart and kidneys contraindicated general anesthesia by chloroform or ether the following steps were taken to avoid giving pain: The entire scrotal sac was seized by the left hand as high up as possible, and manipulated for a sufficient time to relax the dartos and cremasters, after which a strong rubber band was passed above the hand around the root of the sac, close to the peno-scrotal and perineo-scrotal angles. This band was drawn tight enough to strangulate the vessels of the scrotum and cord. The line of incision on the anterior surface of each sac was now injected with a four per cent. sterilized solution of cocaine, four punctures being made, and half a drachm of the solution used for each side. The needle was then inserted, half an inch below the constricting band, into the central part of each cord, and five minims of the same solution were thrown in. The scrotal punctures caused some pain, but the injection of the cord caused none. After an interval of 12 minutes pinching and puncturing of the skin caused no sensation. The usual incisions were then made exposing the glands and a sufficient portion of each cord, and the organs were removed. The cords were ligatured in toto, and the wounds were closed with continuous catgut sutures. During the operation, which lasted 20 minutes, the patient was not aware of what was being done. When the testes were dragged upon for the purpose of ligaturing the cords above the point of puncture only a slight sensation was felt, but the application of the ligatures was unnoticed. Beyond a slight mental exhilaration no systemic effects of the cocaine were observed. There was certainly no change, the author states, in the respiration or in the size of the pupil, and there was no flushing or pallor of the face. The pulse remained unchanged.

ENTERIC FEVER IN INFANTS.

Stowell (N. Y. Med. Rec., xlvii, p 321) in a paper on enteric fever in infants, records five cases and collects 80 others. The mortality was high, 25 or 31.76 per cent. The characteristic rash appears to have been noticed in 16 (possibly 18) cases; in two others there were irregular rashes. Death appears to have been due to the severity of the disease associated with marked intestinal lesions (ulceration, sloughing, perforation) in the majority of the cases, but in two cases it was probably determined by peritonitis; in one other by intestinal hemorrhage. In one case only was perforation recorded.

ON THE USE OF STEAM IN REMOVING TUMORS FROM PARENCHYMATOUS ORGANS.

Snegisjeff (Berliner Klinik, April, 1895, p. 13) reports a case of echinococcus which he removed from the spleen by the following method. The tumor was the size of a man's head. The incision was in the linea alba. The jet of steam was directed on to the larger convexity of the spleen, and the subadjacent tissue at once became white and dry. A completely bloodless incision, seven inches long, was then made through the splenic tissue, and the tumor peeled from its suroundings by the finger. Wherever hemorrhage, which was sometimes violent, occurred, it ceased at once when steam was directed on to it, and in this way the whole tumor was shelled out. It was then decided to suture the incision in the spleen except at one spot, to pack the cavity with iodoform gauze, to make a small incision in the left hypochondrium, and to stitch the spleen to the abdominal walls. In doing this the splenic artery was pricked and bled profusely, but hemorrhage ceased on the application of steam. Unfortunately the artery be-

came thrombosed, and after ligaturing it the spleen was completely removed. The patient recovered. Although owing to the accident to the splenic artery the intended treatment could not be carried out in this case, yet it is evident that an echinococcus or other tumor could be removed from any organ, instead of extirpating the latter. The steam is best superheated to 150 to 200 degrees C. In the case of soft organs the steam must not be at high pressure, and must always be directed obliquely on to the bleeding spot. In operations on bones the steam must be at high pressure.—British Med. Journal.

SALICYLATE OF SODA IN GRAVE'S DISEASE.

Chibret (Journ. de Med., April 10, 1895) speaks of the good results he obtained in the treatment of exophthalmic goitre by salicylate of soda. In each of four cases marked improvement took place in a few days, particularly in one case—a man who was totally incapacitated, but who was much better in six days, and able for field labor in a month. In others the symptoms returned on suspending the drug, although it seemed in one instance that after two years it could be much reduced without bad effect. If, however, the patient were overfatigued or chilled, the salicylate was taken in order to prevent any return of the symptoms. The writer was led to try this treatment by finding a family arthritic history.

INTRACTABLE VOMITING OF PREGNANCY.

Apply the continuous current, placing the positive pole on the clavicle, between the two branches of the sterno-cleido-mastoid, and the negative pole over the umbilicus. Use a current of 10 or 15 milliamperes for from 15 to 30 minutes. This method succeeded in five cases, in which vomiting was so intense as to render provoked abortion almost imperative.—Gaz. des Hop.

THE TREATMENT OF FAVUS.

Having found that the growth of the favus fungus was killed by heat at 45 degrees to 50 degrees C. (113 degrees to 122 degrees F.) applied to cultures of the same, F. Zinsser has treated five cases of favus by means of heat at 113 degrees F., generated by passing hot water through a properly fitting coil. Beneath the coil there is a compress, saturated with bichloride solution, about 1 to 2000. All but one of the cases were cured in a short time, apparently radically. The heat was applied continuously for 12 hours.—Archiv. Derm. u. Syph.

THYROID FEEDING.

Dr. J. J. Douglas, in experiments recently carried out, concludes: 1. That thyroid feeding markedly increases the proteid metabolism in health as well as in myxedema. 2. That its action is immediate, and continues for at least two days after it has been stopped. 3. That the loss of weight is probably more due to waste of non-nitrogenous tissues as fat than to waste of nitrogenous tissues. 4. That the absorption of proteids is diminished while the thyroid is being taken.—Proc. Royal Soc., Edin., Vol. xx., p. 330, 1895.

A PTOMAINE IN THE URINE OF CANCEROUS PATIENTS.

Griffiths (Comptes Rendus de l'Acad. des Sciences de Paris, vol. cxviii, p. 1350) describes a ptomaine extracted from the urine of cancerous patients. It is a white substance, crystallizes in needles, and dissolves in water with an alkaline reaction; it gives a brown reaction with Wessler's reagent. It is very poisonous, and injected into the veins leads to fever and death in three hours. It is not present in normal urine.

Medicine in Tokyo.—In Tokyo a recent census has shown that the city contains 2315 medical men, 70 dentists, 69 veterinary surgeons, 371 pharmaceutical chemists; two city hospitals, three Government hospitals and 41 private hospitals.